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Division of Corporations

Fax Number : (850)617-6380

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Account Name : C T CORPORATION SYSTEM

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Fax Number : (614)573-3996

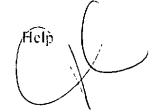
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REGISTERED AGENT CHANGE K INTERNATIONAL OF DELAWARE, INC.

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To:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of che	onge is submitted for a corporation	7,0502, 607,1508, or 617,1508, Florida St organized under the laws of the State of $\overline{\mathbb{D}}$ registered agent, or both, in the State of FI	elaware	his
	the corporation: K INTERNATION		in au.	
	•			
2. The principal	Office address: 3333 OAK GROVE	AVE. WACKEGAN, IL 00087		
3. The mailing a	address (if different):			
4. Dateofincorp	poration/qualification: 11/18/2022	Document number: F2200000	7456	
	d street address of the current regist runent of State: (If resigned, enterru	ered agent and registered office on file wit esigned)	h the	
	SANCAP REGISTERED AGENTS	. LEC		
	8880 Gladiolus Dr., Ste.,. C-201			
	Fort Myers, FL 33908			2
6. The name an (ifchanged):	d street address of the new registere	d agent (if changed) and /or registered offi	: ce:-	2023 OCT 24 AH 10:
	C T Corporation System		₹- ;;	24
	1200 South Pine Island Road		•	7
	Plantation, Florida 33324	P,O Box NOTacceptable	7	10: 14
The street addr	ess of its registered office and the :	street address of the business office of its	register	ed agent.
J		dopted by its board of directors or by an open notified in writing of the change.	officer so)
H	they mile Risk	Kathryn McBride, Secretary		
-	ire of an officer or director	Printed or typed name and title		
oj my aunes, ar document is be	ig 1 am jamiliar with and accept th ing filed merely to reflect a change s been notified in writing of this ch	ent and agree to act in this capacity. Il statutes relative to the proper and comp ne obligation of my position as registered t in the registered office address. I hereby nange.	olete per agent. v confirm	formance Or, if this n that the
C i Corporation	Michigan Pickon	10/24/2023		
Sug	nature of Registered Agent	Date		
If signing on be	chalf of an entity:			
Natalic Pickens,	Assistant Secretary			
1	yped or Printed Name			
	* * * FILIN	G FEE: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)

By: